

Supplementary Table 2. Final Assessment of Statements by RAND Panel: Appropriateness of management in paediatric acute severe colitis (ASC) in the context of the COVID-19 pandemic. *Denotes questions where all panelists voted the same appropriateness category as the final outcome category (i.e. level of appropriateness was agreed unanimously). ♦Denotes disagreement index >1.

91 Statements	Median	Disagreement Index	Standard Deviation	Category
Admission				
All patients admitted with ASUC				
Perform a SARS-CoV-2 swab on admission	9*	0.24	0.55	Appropriate
Perform a chest X-ray within 24 hours of admission	3.5	0.18	1.85	Uncertain
Isolate them in a side room throughout their admission regardless of COVID status	8	0.01	1.56	Appropriate
Expedite pathway timings with early biologic screen on admission.	8	0.24	0.80	Appropriate
Perform a flexible sigmoidoscopy				
Within 24 hours of admission in all patients admitted with ASUC (as per BSG guidance)	3	0.00	0.76	Inappropriate
In all patients failing IV corticosteroids who have not had a flexible sigmoidoscopy on admission	7*	0.16	0.78	Appropriate
In all patients failing intravenous corticosteroid therapy who have already had a flexible sigmoidoscopy on admission	3	0.04	1.32	Inappropriate
In all patients being referred for colectomy who have not had a flexible sigmoidoscopy on admission, to confirm the diagnosis prior to surgery (excluding patients who have toxic megacolon or perforation)	8.5	0.13	1.14	Appropriate
In all patients being referred for colectomy who have already had a flexible sigmoidoscopy on admission, to assess the degree of ongoing inflammation (excluding patients who have toxic megacolon or perforation)	3	0.24	1.52	Inappropriate
First line medical therapy				
Negative swab and no symptoms or signs of COVID-19 infection				

Follow standard ECCO/ESPGHAN guidelines and start intravenous methylprednisolone daily as an inpatient	9*	0.00	0.28	Appropriate
Start IV methylprednisolone daily as an outpatient	1*	0.00	0.77	Inappropriate
Start budesonide/beclometasone daily as an inpatient	1*	0.00	0.28	Inappropriate
Start IV steroids concurrently with infliximab	2*	0.13	0.75	Inappropriate
Start infliximab without steroids	2*	0.15	0.86	Inappropriate
Start IV steroids concurrently with ciclosporin	1.5	0.13	0.95	Inappropriate
Start ciclosporin and discontinue steroids	1*	0.00	0.60	Inappropriate
Start IV steroids concurrently with tacrolimus	1*	0.13	0.65	Inappropriate
Start IV steroids and discontinue tacrolimus	1*	0.01	0.78	Inappropriate
Start oral "MADoV" antibiotic combination alongside immunosuppressive therapy (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	3	0.65	1.93	Inappropriate
Start oral "MADoV" antibiotic combination alone (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	2	0.18	0.99	Inappropriate
Start prophylactic anticoagulation	7	0.40	1.50	Appropriate
Discuss with COVID-19 specialist	3	0.52	1.77	Inappropriate
Positive swab but no symptoms or signs of COVID-19 infection				
Follow standard ECCO/ESPGHAN guidelines and start intravenous methylprednisolone daily as an inpatient	8*	0.13	0.73	Appropriate
Start IV methylprednisolone daily as an outpatient	1*	0.00	0.00	Inappropriate
Start budesonide/beclometasone daily as an inpatient	1*	0.00	0.60	Inappropriate
Start IV steroids concurrently with infliximab	1	0.13	1.48	Inappropriate
Start infliximab without steroids	2	0.29	1.39	Inappropriate
Start IV steroids concurrently with ciclosporin	1	0.13	0.96	Inappropriate

Start ciclosporin and discontinue steroids	1*	0.00	0.44	Inappropriate
Start IV steroids concurrently with tacrolimus	1*	0.01	0.44	Inappropriate
Start IV steroids and discontinue tacrolimus	1*	0.00	0.38	Inappropriate
Start oral "MADoV" antibiotic combination alongside immunosuppressive therapy (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	4.5	0.57	1.89	Uncertain
Start oral "MADoV" antibiotic combination alone (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	2	0.15	1.76	Inappropriate
Start prophylactic anticoagulation	8	0.31	1.39	Appropriate
Discuss with COVID-19 specialist	8.5*	0.29	1.08	Appropriate
Positive swab with symptoms or signs of COVID-19 infection				
Follow standard ECCO/ESPGHAN guidelines and start intravenous methylprednisolone daily as an inpatient	7	0.16	1.13	Appropriate
Start IV methylprednisolone daily as an outpatient	1*	0.00	0.00	Inappropriate
Start budesonide/beclometasone daily as an inpatient	1*	0.00	0.63	Inappropriate
Start IV steroids concurrently with infliximab	1.5	0.29	1.38	Inappropriate
Start infliximab without steroids	3	0.52	1.56	Inappropriate
Start IV steroids concurrently with ciclosporin	1*	0.13	0.65	Inappropriate
Start ciclosporin and discontinue steroids	1*	0.00	0.38	Inappropriate
Start IV steroids concurrently with tacrolimus	1*	0.13	0.65	Inappropriate
Start IV steroids and discontinue tacrolimus	1*	0.00	0.38	Inappropriate
Start oral "MADoV" antibiotic combination alongside immunosuppressive therapy (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	5	0.56	2.06	Uncertain
Start oral "MADoV" antibiotic combination alone (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	2	0.31	1.80	Inappropriate
Start prophylactic anticoagulation	8*	0.29	0.91	Appropriate
Discuss with COVID-19 specialist	9*	0.00	0.38	Appropriate
Management at day 5: Investigations				

Repeat a SARS-CoV-2 swab in patients with a negative first swab	7.5	0.18	1.86	Appropriate
Repeat stool test for Clostridium difficile in patients with a negative first sample who, in the context of COVID-19 have been treated with broad spectrum antibiotics	7	0.52	2.43	Appropriate
Patients with a PUCAI 35-65				
Negative swab and no symptoms or signs of COVID-19 infection				
Follow standard standard guidelines and continue IV steroids for a further 2-5 days.	8*	0.01	0.69	Appropriate
Expedite second line therapy and treat all patients as per the guidelines for patients with a PUCAI>65	4.5	0.97	2.15	Uncertain
Positive swab but no symptoms or signs of COVID-19 infection				
Follow standard standard guidelines and continue IV steroids for a further 2-5 days.	7	0.16	1.17	Appropriate
Expedite second line therapy and treat all patients as per the guidelines for patients with a PUCAI>65	5.5	0.97	2.34	Uncertain
Positive swab with symptoms or signs of COVID-19 infection				
Follow standard standard guidelines and continue IV steroids for a further 2-5 days.	7	0.16	1.28	Appropriate
Expedite second line therapy and treat all patients as per the guidelines for patients with a PUCAI>65	5	0.94	2.38	Uncertain
Rescue therapy: PUCAI >65				
Negative swab and no symptoms or signs of COVID-19 infection				
Continue intravenous steroids alone	1*	0.00	0.60	Inappropriate
Start infliximab and continue steroids	8.5*	0.13	0.52	Appropriate
Start infliximab and discontinue steroids	3	0.02	0.87	Inappropriate
Start ciclosporin and continue steroids	5.5	0.56	2.03	Uncertain
Start ciclosporin and discontinue steroids	2*	0.15	0.90	Inappropriate
Start tacrolimus and continue steroids	2	0.29	2.15	Inappropriate
Start tacrolimus and discontinue steroids	1*	0.13	0.65	Inappropriate

Start oral "MADoV" antibiotic combination alongside immunosuppressive therapy (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	5	0.45	2.11	Uncertain
Start oral "MADoV" antibiotic combination alone (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	1*	0.29	0.95	Inappropriate
Colectomy	1	0.29	1.94	Inappropriate
Discuss with COVID-19 specialist	6	0.98	2.60	Uncertain
Positive swab but no symptoms or signs of COVID-19 infection				
Continue intravenous steroids alone	1*	0.00	0.60	Inappropriate
Start infliximab and continue steroids	8*	0.01	0.71	Appropriate
Start infliximab and discontinue steroids	3	0.00	1.75	Inappropriate
Start ciclosporin and continue steroids	5	0.97	2.10	Uncertain
Start ciclosporin and discontinue steroids	2*	0.13	0.65	Inappropriate
Start tacrolimus and continue steroids	2	0.31	1.66	Inappropriate
Start tacrolimus and discontinue steroids	1*	0.13	0.66	Inappropriate
Start oral "MADoV" antibiotic combination alongside immunosuppressive therapy (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	5	0.39	1.80	Uncertain
Start oral "MADoV" antibiotic combination alone (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	2*	0.15	0.83	Inappropriate
Colectomy	1.5	0.29	1.38	Inappropriate
Discuss with COVID-19 specialist	9	0.01	0.97	Appropriate
Positive swab with symptoms or signs of COVID-19 infection				
Continue intravenous steroids alone	1	0.00	1.20	Inappropriate
Start infliximab and continue steroids	8	0.01	1.03	Appropriate
Start infliximab and discontinue steroids	3	0.20	1.89	Inappropriate
Start ciclosporin and continue steroids	4	◆1.04	2.69	Uncertain
Start ciclosporin and discontinue steroids	1	0.13	1.12	Inappropriate
Start tacrolimus and continue steroids	1	0.13	1.18	Inappropriate
Start tacrolimus and discontinue steroids	1*	0.13	0.48	Inappropriate

Start oral “MADoV” antibiotic combination alongside immunosuppressive therapy (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	5	0.85	1.81	Uncertain
Start oral “MADoV” antibiotic combination alone (metronidazole, amoxicillin, doxycycline, vancomycin or equivalent)	2	0.29	1.22	Inappropriate
Colectomy	1	0.13	1.19	Inappropriate
Discuss with COVID-19 specialist	9*	0.00	0.38	Appropriate
Continuing medical therapy				
Negative swab and no symptoms or signs of COVID-19 infection				
Follow standard ECCO/ESPGHAN guidelines for tapering oral steroids over 8-10 weeks	8*	0.01	0.60	Appropriate
Use an accelerated steroid taper over 4-8 weeks	3	0.04	1.72	Inappropriate
Switch to poorly absorbed bioavailable steroids	1*	0.01	0.78	Inappropriate
Taper steroids and initiate thiopurine therapy at or soon after discharge	7.5	0.16	1.05	Appropriate
Taper steroids and initiate anti-TNF therapy at or soon after discharge	6	0.35	2.32	Uncertain
Taper steroids and initiate vedolizumab at or soon after discharge	3	0.29	2.22	Inappropriate
Continue prophylactic anticoagulation for a period after discharge	3	0.26	1.85	Inappropriate
Positive swab but no symptoms or signs of COVID-19 infection				
Follow standard ECCO/ESPGHAN guidelines for tapering oral steroids over 8-10 weeks	8*	0.16	0.63	Appropriate
Use an accelerated steroid taper over 4-8 weeks	5.5	0.56	2.06	Uncertain
Switch to poorly absorbed bioavailable steroids	1*	0.13	0.78	Inappropriate
Taper steroids and initiate thiopurine therapy at or soon after discharge	7	0.02	1.24	Appropriate
Taper steroids and initiate anti-TNF therapy at or soon after discharge	6	0.35	2.03	Uncertain
Taper steroids and initiate vedolizumab at or soon after discharge	4	0.65	2.03	Uncertain
Continue prophylactic anticoagulation for a period after discharge	3.5	0.57	2.25	Uncertain
Positive swab with symptoms or signs of COVID-19 infection				

Follow standard ECCO/ESPGHAN guidelines for tapering oral steroids over 8-10 weeks	7	0.22	1.45	Appropriate
Use an accelerated steroid taper over 4-8 weeks	6	0.24	2.03	Uncertain
Switch to poorly absorbed bioavailable steroids	1	0.00	0.97	Inappropriate
Taper steroids and initiate thiopurine therapy at or soon after discharge	6	0.24	1.61	Uncertain
Taper steroids and initiate anti-TNF therapy at or soon after discharge	6	0.52	2.10	Uncertain
Taper steroids and initiate vedolizumab at or soon after discharge	3	0.65	2.06	Inappropriate
Continue prophylactic anticoagulation for a period after discharge	5	◆1.70	2.58	Uncertain
Surgery				
In patients with a SARS-CoV-2 positive swab who have failed medical therapy, surgery should be delayed	3	0.69	2.48	Inappropriate
Patients with a negative swab on admission should have a repeat swab	8	0.18	1.73	Appropriate
Patients should have a CT chest prior to surgery regardless of swab status, respiratory symptoms examination findings and observations	7	0.16	1.21	Appropriate